Medical Statement to Request Special Meals, Accommodations, Milk Substitutions

1. Site Name (School/Sponsor):	2. Name of Parent/Guardian	3. Email Address
4. **Name of Child ***	5. Date of Birth	6. Telephone Number

7. State the medical condition requiring accommodation.

This section must be completed by a licensed medical authority. Refer to the reverse side of this page for definitions.

8. Provide a brief description of the major life activities or bodily functions affected by the condition. *

Consuming foods to be omitted may result in:

☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Itching ☐ Swelling ☐ Rash ☐ Wheezing/Coughing

☐ Other:

9. Describe diet prescription and/or accommodation. Must include specific foods to be excluded and substituted. *

Foods and/or beverages to be excluded: *	**Foods and/or beverages to be substituted: ***

10. Modified texture (if applicable): ☐ Chopped ☐ Ground ☐ Puree

11. Adaptive Equipment Needed (if applicable):

12. Signature of Medical Authority & Credentials*	**13. Printed Name***	14. Telephone Number	**15. Date***

I give permission for the institution's personnel responsible for implementing my child's prescribed diet order to discuss my child's special dietary accommodations with any appropriate institution staff and to follow the prescribed diet order for my child's meals. I also give permission for my child's medical authority to further clarify the prescribed diet order on this form if requested to do so by institution personnel.

Signature of parent or guardian: Date:

*** Required**

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A licensed medical authority is defined as an individual who has the authority to write a medical prescription.
In Utah, this includes:

- Medical Doctor (MD)
- Physician's Assistant (PA)
- Osteopathic Physicians (DO)
- Advance Practice Registered Nurses (APRN)
- Naturopathic Physicians (ND or NMD)

USDA Guidelines for Accommodating Special Dietary Needs

Institutions and agencies participating in federal nutrition programs **must** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) **a person with a disability is defined as**:

Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

Major Life Activities- functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Major Bodily Functions- functions of the immune system**,** normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions

Physical or Mental Impairment- (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genitor-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Record of Impairment- having a history of or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities. Individuals who take mitigating measures to improve or control any of the conditions recognized as a disability, are still considered to have a disability and require an accommodation.